Secretary's Advisory Committee on Infant Mortality (SACIM) Process and Recommendations in a Time of Health Policy Expansion

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Past chair, SACIM (2012-2016)
Presentation to SACIM, April 8, 2019

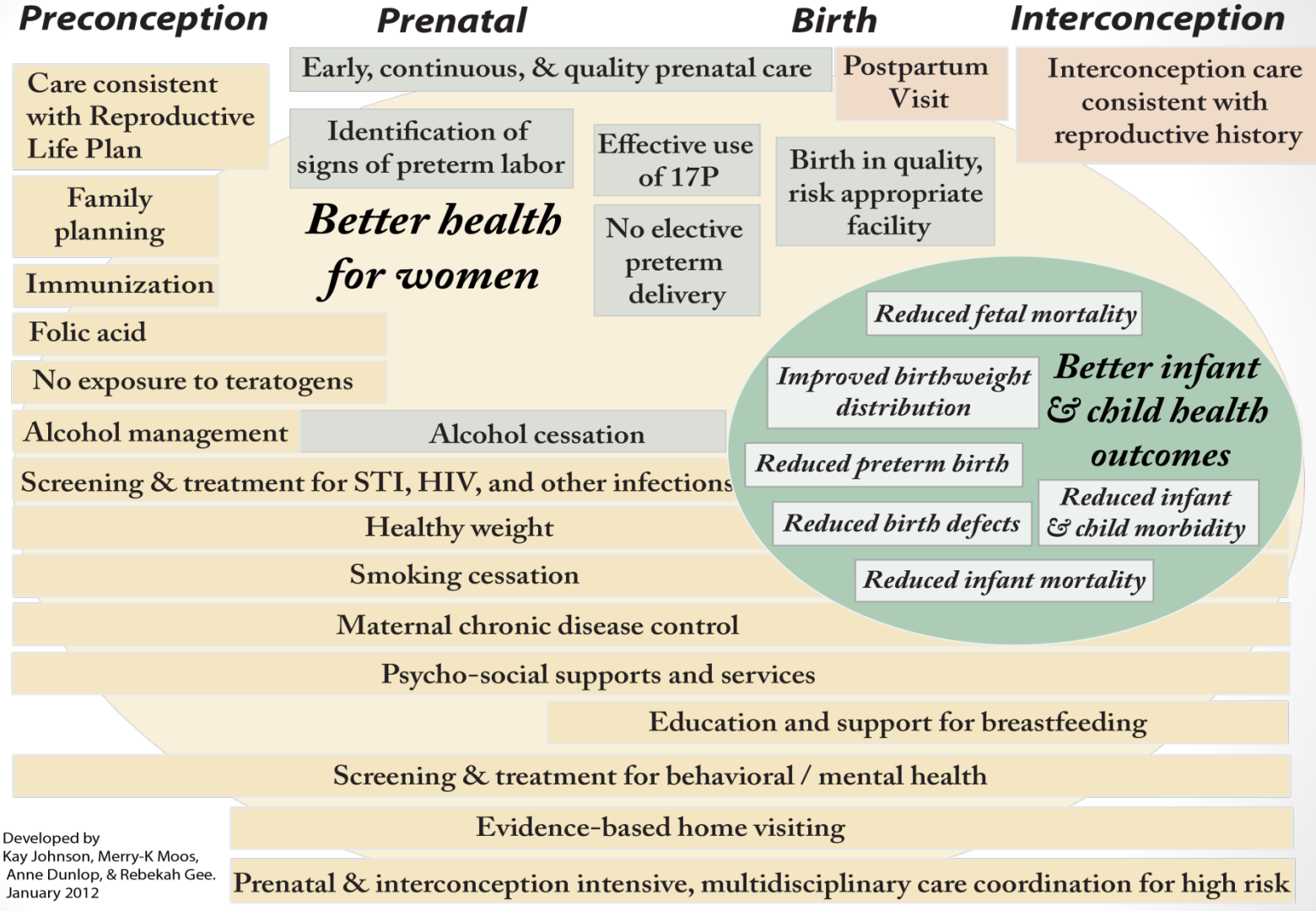
SACHEM or SACK-EM

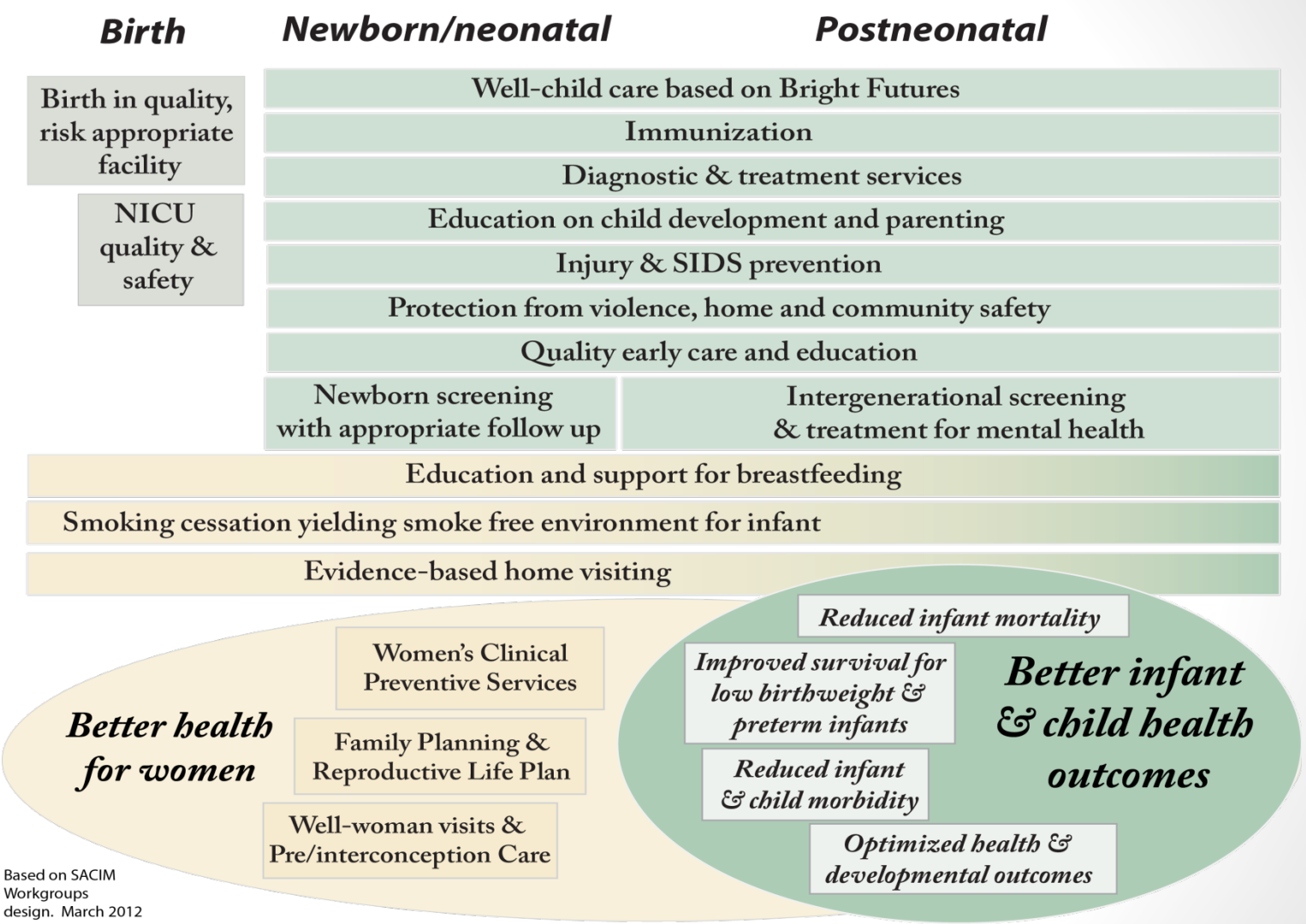
- A **sachem** or **sagamore** is a paramount chief among the Algonquians or other northeast American tribes.
- The two words are Anglicization of cognate terms (c.1622) from different Eastern Algonquian languages.

Family	Language	Word	Notes
Eastern Algonquian	Proto-Eastern Algonquian	*sākimāw	Reconstructed original
Eastern Algonquian	Lenape	sakima	derived from earlier sakimaw
Eastern Algonquian	Narragansett	sâchim	anglicized as sachem
Eastern Algonquian	Eastern Abnaki	sakəma	anglicized as sagamore
Eastern Algonquian	Malecite-Passamaquoddy	sakom	
Eastern Algonquian	Western Abnaki	sôgmô	

The Secretary's Advisory Committee on Infant Mortality (SACIM) was formed in 1991 to advise the Secretary on Department of Health and Human Services' programs that are directed at reducing infant mortality and improving the health status of pregnant women and infants.

SACIM Vision, Principles, and Process During the Obama Administration


Preconception
Prenatal
Birth
Interconception
Care consistent with Reproductive Life Plan
Family planning
Immunization
Folic acid
No exposure to teratogens
Alcohol management
Early, continuous, & quality prenatal care
Identification of signs of preterm labor
Better health for women
Effective use of 17P
No elective preterm delivery
Postpartum Visit
Birth in quality, risk appropriate facility
Interconception care consistent with reproductive history
Alcohol cessation
Screening & treatment for STI, HIV, and other infections
Healthy weight
Smoking cessation
Maternal chronic disease control
Psycho-social supports and services
Education and support for breastfeeding
Screening & treatment for behavioral / mental health
Evidence-based home visiting
Prenatal & interconception intensive, multidisciplinary care coordination for high risk
Reduced fetal mortality
Improved birthweight distribution
Better infant & child health outcomes
Reduced preterm birth
Reduced infant & child morbidity
Reduced birth defects
Reduced infant mortality
Developed by
Kay Johnson, Merry-K Moos,
Anne Dunlop, & Rebekah Gee.
January 2012


Birth
Newborn/neonatal
Postneonatal
Birth in quality, risk appropriate facility
NICU quality & safety
Well-child care based on Bright Futures
Immunization
Diagnostic & treatment services
Education on child development and parenting
Injury & SIDS prevention
Protection from violence, home and community safety
Quality early care and education
Newborn screening with appropriate follow up
Intergenerational screening & treatment for mental health
Education and support for breastfeeding
Smoking cessation yielding smoke free environment for infant
Evidence-based home visiting
Better health for women
Women's Clinical Preventive Services
Family Planning & Reproductive Life Plan
Well-woman visits & Pre/interconception Care
Reduced infant mortality
Improved survival for low birthweight & preterm infants
Reduced infant & child morbidity
Optimized health & developmental outcomes
Better infant & child health outcomes
Based on SACIM Workgroups design. March 2012

What was the approach of SACIM during the Obama Administration?

- Build on what came before in SACIM.
- Ride the wave of ACA.
- Only recommendations within HHS purview.
- Define “big ideas” or strategic directions (6), with recommendations and actions for each.
- Call for a stretch goal—the nation should aim to reduce IMR to 5.5 infant deaths per 1000 live births by 2015 and to 4.5 by 2020.

How did Obama-era SACIM reaffirm GW Bush-era SACIM?

- Reviewed and reference reports on low birthweight and Healthy Start
- Reflected on changes in science, policy, and programs
- Invited past chair and members to speak as briefing

2012-16 Principles for National Agenda

- Reflect a life course perspective
- Engage and empower consumers
- Reduce inequity and disparities and ameliorate the negative effects of social determinants
- Protect the existing maternal and child health safety net programs
- Advance system coordination and service integration
- Leverage change through multi-sector, public and private collaboration
- Define actionable strategies that emphasize prevention and are continually informed by evidence and measurement

The 2013 SACIM recommendations acknowledged that reducing U.S. infant mortality will require a **multi-faceted effort**, including: **practice** improvement by providers, changes in **knowledge, attitudes and behaviors** of men and women of childbearing age, improved **coverage and access** to care, **empowered communities**, **health equity**, and a serious **commitment to prevention** by all.

Obama-era SACIM Reaffirmed Need For Federal Investments in MCH Safety Net

- Medicaid
- Title V MCH Services Block Grant
- Healthy Start
- Title X Family Planning Program
- Community Health Centers
- Maternal, Infant, Early Childhood Home Visiting (MIECHV) Program
- WIC Supplemental Nutrition Program (USDA)

Ride the wave! Obama-era SACIM reaffirmed ACA opportunities

- March 2012 SACIM letter to Secretary regarding ACA opportunities related to infant mortality reduction.
- On June 14, 2012, HHS Secretary Sebelius called for the first national strategy to address infant mortality.
- Alignment with reports, action plans, and engagement of HHS advisory bodies for:
  - National Prevention Strategy
  - Action Plan to Reduce Racial and Ethnic Health Disparities
- Emphasized strategic agenda priorities and recommendations that fit within HHS priorities and authorities under ACA.

What key steps in the process of SACIM during Obama Administration?

- Working groups.
- Used prioritization process for agenda.
- Submitted all recommendations, then detailed letters about each strategy.
- Invited and listened to partners.
- Engaged key federal agency staff.

SACIM 2011-12 and 2013-14 Working Groups

- **National Agenda**
  - *Cox*, Dennery, Jackson, Johnson, Labbok, Martin, Petrini, Shepherd, Sheridan, Shields
  - Bianchi, Bartel, Kotelchuck
- **Health Equity**
  - *Troutman*, Bartel, Handler, Jackson, Parker-Dominguez, Mayer
  - Ashton, Drummonds, Handler, James, Parent
- **Health Care Reform**
  - *Johnson*, Corwin, Martin, Petrini, Pressler, Shields
- **Health Care Systems**
  - *Handler, Shields*, Chesna, Johnson, Sanders, Troutman
  - Cooper, Cox, Gegor, Moos, Petrini
- **Healthy Start**
  - *Jackson*, Gibson, Johnson, Kotelchuck, Martin, Shepherd
  - Drummonds, Parent

Selecting specific priorities: *Get in the weeds, but clear a path as you go!*

Matrix of Action Items		5/30/2012	
	Rate on scale 1-10, 10 being greatest	IMPACT	FEASIBILITY
Topic	**Health Coverage & Continuum of Services**	IMPACT	FEASIBILITY
A	Campaigns on coverage & clinical preventive services	7	8
B	Medicaid interconception care	7	8
C	Medicaid health homes	8	8
D	Medicaid family planning SPAs	6	8
E	Automatic newborn eligibility	8	9

SACIM Voting for Priorities for Strategies 2 & 3

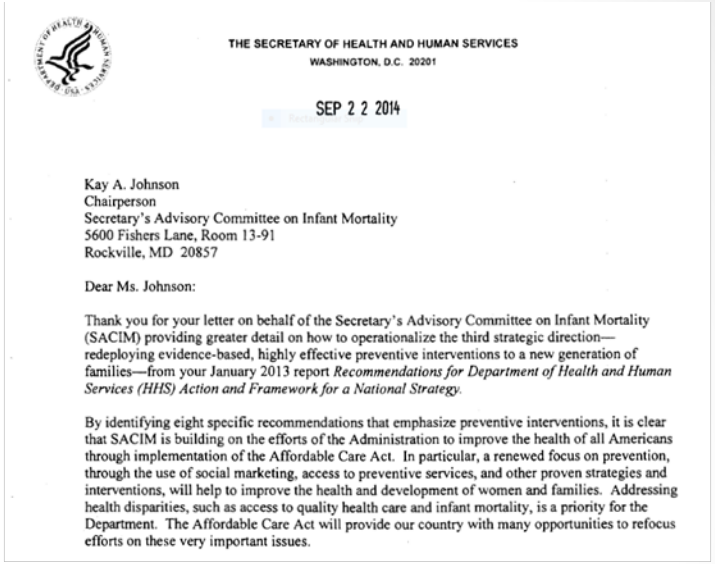
Topic	Recommendation for Action	Feasibility	Impact
1.	**Affordable Care Act**		
1a.	Leverage coverage options and benefits	4.00	3.43
1b.	Campaigns to inform and facilitate access	6.29	5.71
1c.	Monitor status of coverage mandates for preventive services	7.00	6.71
2.	**Medicaid**		
2a.	CMS guidance re: dually eligible pregnant women	7.00	5.14
2b.	Encourage Medicaid to align with ACA women's preventive services guidelines	7.57	7.00
2c.	Automatic newborn coverage for all infants	6.71	6.71

- Set six strategic directions
- Made lists of potential actions & strategies
- Used a matrix on impact and feasibility for SACIM members to vote (repeatedly)

Used letters

After the 2013 recommendations report, between 2014 and 2015, SACIM sent letters to the Secretary about each of the six strategic directions, with more detailed and specific actions.

We wrote: "*Building on our core recommendations, we delineate below a series of related actions for consideration by HHS. These timely and evidence-informed actions build on the efforts of the Obama Administration to implement the ACA…"*



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

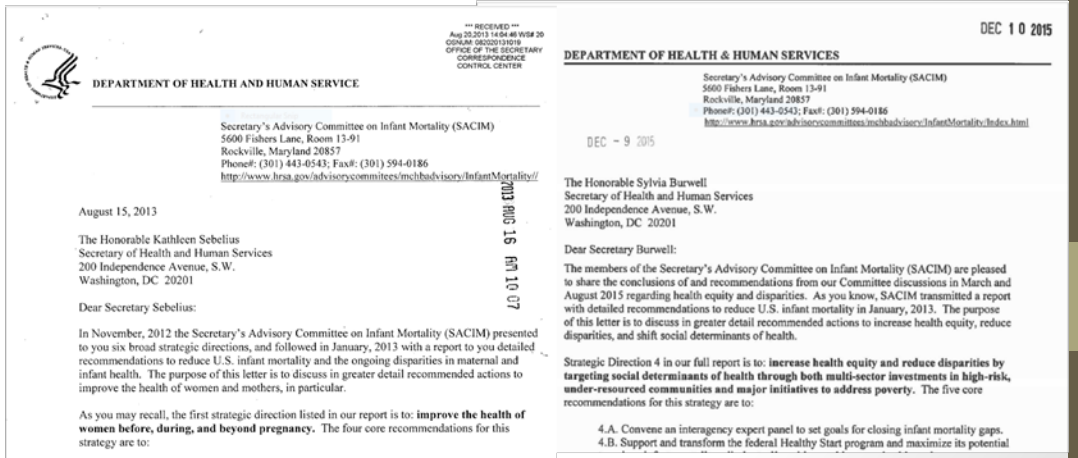
SEP 2 2 2014

Kay A. Johnson
Chairperson
Secretary's Advisory Committee on Infant Mortality
5600 Fishers Lane, Room 13-91
Rockville, MD 20857

Dear Ms. Johnson:

Thank you for your letter on behalf of the Secretary's Advisory Committee on Infant Mortality (SACIM) providing greater detail on how to operationalize the third strategic direction—redeploying evidence-based, highly effective preventive interventions to a new generation of families—from your January 2013 report *Recommendations for Department of Health and Human Services (HHS) Action and Framework for a National Strategy.*

By identifying eight specific recommendations that emphasize preventive interventions, it is clear that SACIM is building on the efforts of the Administration to improve the health of all Americans through implementation of the Affordable Care Act. In particular, a renewed focus on prevention, through the use of social marketing, access to preventive services, and other proven strategies and interventions, will help to improve the health and development of women and families. Addressing health disparities, such as access to quality health care and infant mortality, is a priority for the Department. The Affordable Care Act will provide our country with many opportunities to refocus efforts on these very important issues.



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OFFICE OF THE SECRETARY
CORRESPONDENCE
CONTROL CENTER

DEPARTMENT OF HEALTH AND HUMAN SERVICE

Secretary's Advisory Committee on Infant Mortality (SACIM)
5600 Fishers Lane, Room 13-91
Rockville, Maryland 20857
Phone#: (301) 443-0543; Fax#: (301) 594-0186
http://www.hrsa.gov/advisorycommitees/mchbadvisory/InfantMortality//

2013 AUG 16 AM 10:07

August 15, 2013

The Honorable Kathleen Sebelius
Secretary of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Secretary Sebelius:

In November, 2012 the Secretary's Advisory Committee on Infant Mortality (SACIM) presented to you six broad strategic directions, and followed in January, 2013 with a report to you detailed recommendations to reduce U.S. infant mortality and the ongoing disparities in maternal and infant health. The purpose of this letter is to discuss in greater detail recommended actions to improve the health of women and mothers, in particular.

As you may recall, the first strategic direction listed in our report is to: **improve the health of women before, during, and beyond pregnancy.** The four core recommendations for this strategy are to:

DEC 1 0 2015

DEPARTMENT OF HEALTH & HUMAN SERVICES

Secretary's Advisory Committee on Infant Mortality (SACIM)
5600 Fishers Lane, Room 13-91
Rockville, Maryland 20857
Phone#: (301) 443-0543; Fax#: (301) 594-0186
http://www.hrsa.gov/advisorycommittees/mchbadvisory/InfantMortality/Index.html

DEC - 9 2015

The Honorable Sylvia Burwell
Secretary of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Secretary Burwell:

The members of the Secretary's Advisory Committee on Infant Mortality (SACIM) are pleased to share the conclusions of and recommendations from our Committee discussions in March and August 2015 regarding health equity and disparities. As you know, SACIM transmitted a report with detailed recommendations to reduce U.S. infant mortality in January, 2013. The purpose of this letter is to discuss in greater detail recommended actions to increase health equity, reduce disparities, and shift social determinants of health.

Strategic Direction 4 in our full report is to: **increase health equity and reduce disparities by targeting social determinants of health through both multi-sector investments in high-risk, under-resourced communities and major initiatives to address poverty.** The five core recommendations for this strategy are to:

4.A. Convene an interagency expert panel to set goals for closing infant mortality gaps.
4.B. Support and transform the federal Healthy Start program and maximize its potential

SACIM

Building on partner priorities

- AAP Bright Futures & Perinatal Guidelines
- ACOG Maternal Safety & FIMR
- AMCHP priorities in state MCH programs
- ASTHO Healthy Babies Initiative
- CityMatch priorities in local MCH
- March of Dimes Prematurity Campaign
- National Health Start Association priorities
- PCORI consumer engagement
- Plus agencies within HHS (ACF, AHRQ, CDC, CMS, HRSA, NIH, SAMHSA), other agencies (DOL, HUD, USDA, etc.), and Offices of Minority Health, Adolescent Health, and Population Affairs

What did I/we want but not get done?

- HHS was busy implementing ACA, not a lot of specific administrative action in response to our recommendations.
- Coordination with NCHS on release of infant mortality annual data.
- PREEMIE Act report submission.

PREEMIE Act Request

- PREEMIE Reauthorization Act (P.L. 113-55) directed SACIM to produce "*a plan for conducting and supporting research, education, and programs on preterm birth through the Department of Health and Human Services*."
- Request: "SACIM is seeking input and updates from key federal agencies [and] …requests both your response on key questions below and a presentation in an Internet-based meeting in which SACIM will discuss our plan and recommendations on preterm birth."

  1. What are the **primary activities** your agency/unit has undertaken related to preterm birth prevention? Please include activities currently underway or completed within the past three years.
  2. What **additional activities or projects are planned** for the coming years? Are these activities part of formal plans or budgets?
  3. What are the **major gaps** your agency/unit has identified related to preterm birth prevention? Please describe approaches through which the federal government, particularly your agency/unit, can use to help fill these gaps.

- When SACIM lacked a quorum/full panel, we were unable to complete and file a report in 2015-16.

Recommendations for HHS Action and Framework for a National Strategy to Reduce Infant Mortality. January 2013

Secretary's Advisory Committee on Infant Mortality (SACIM)

Strategic Directions: *6 Big Ideas*

1. Improve the health of women before, during and after pregnancy.
2. Ensure access to a continuum of safe and high-quality, patient-centered care.
3. Redeploy key evidence-based, highly effective preventive interventions to a new generation.
4. Increase health equity and reduce disparities by targeting social determinants of health through investments in high-risk communities and initiatives to address poverty.
5. Invest in adequate data, monitoring, and surveillance systems to measure access, quality, and outcomes.
6. Maximize the potential of interagency, public-private, and multi-disciplinary collaboration.

Strategic Direction 1. Improve the health of women before, during, and beyond pregnancy

Strategic Direction 1. Improve the Health of Women

- 1.A. Monitor coverage and promote use of women's clinical preventive services.
- 1.B. Partner with professionals to develop clinical guidelines for well-woman visits.
- 1.C. Use Medicaid innovation, demonstrations, and flexibility to offer states new avenues for delivering effective, evidence-based interventions to women.
- 1.D. Increase efforts to ensure mental/ behavioral health and social support services for women.

Strategic Direction 2. Ensure access to a continuum of safe and high-quality, patient-centered care

Strategic Direction 2. Ensure access to a continuum of safe and high-quality, patient-centered care

- 2.A. Strengthen state capacity to reduce infant mortality through the HRSA-MCHB IM COIIN.
- 2.B. Use Medicaid to drive quality.
- 2.C. Support quality improvement activities through other agencies, including AHRQ and CDC.
- 2.D. Support coverage for all newborns by requiring newborn coverage for all infants.
- 2.E. Maximize the ACA investments in community health centers and workforce capacity.

Strategic Direction 3. Redeploy key evidence-based, highly effective preventive interventions to a new generation of families

Strategic Direction 3. Redeploy key evidence-based, highly effective, preventive interventions to a new generation

- 3.A. Give emphasis through social marketing, health education, and access to preventive services for five key preventive interventions.
  - **Breastfeeding**
  - **Family planning**
  - **Immunizations**
  - **Safe sleep to prevent SIDS/SUID**
  - **Smoking cessation**
- 3.B. Conduct health promotion and social marketing campaigns to inform families about the warning signs of pregnancy complications and infant risks, and actions families should take.

Strategic Direction 4. Increase health equity and reduce disparities by targeting social determinants of health through investments in high-risk communities and initiatives to address poverty.

Strategic Direction 4. Increase health equity and reduce disparities by targeting social determinants of health in high-risk communities and addressing poverty.

- 4.A. Convene an interagency expert panel to set goals for closing infant mortality gaps.
- 4.B. Support and transform the federal Healthy Start program and maximize its potential to reduce infant mortality, eliminate disparities. and increase health equity.
- 4.C. Use federal interagency collaboration to “turn the curve” on social determinants of health at the community level by concentrating federal investments from multiple programs in place-based initiatives.
- 4.D. Address and alleviate poverty, which has a known impact on infant mortality, through enhanced use of income supports through TANF, EITC, and other policies.

Strategic Direction 5. Invest in adequate data, surveillance systems, and research to measure health care access, quality, and outcomes

Strategic Direction 5. Invest in adequate data, surveillance systems, and research to measure access, quality, and outcomes

- 5.A. Invest in the Vital Statistics system to assure timely and accurate birth and maternal and infant death statistics.
- 5.B. Incentivize reporting of Medicaid perinatal data from every state to CMS, based on a uniform set of measures.
- 5.C. Provide resources to expand the Pregnancy Risk Assessment and Monitoring System (PRAMS).
- 5.D. Make systematic use of quality measures for women and children.
- 5. E. Continue support for other related data systems, including: Title V, MIECHV, BRFSS, FIMR, birth defects.
- 5.F. Give priority to research regarding the causes and prevention of infant mortality through NIH, AHRQ, HRSA, CDC, CMS, SAMHSA, and other parts of HHS.

Strategic Direction 6. Maximize the potential of interagency, public-private, and multi-disciplinary collaboration

Strategic Direction 6. Maximize the potential of interagency, public-private, and multi-disciplinary collaboration

- 6.A. Engage the National Prevention Council and build upon the National Prevention Strategy.
- 6.B. Strengthen state health departments with effective federal-state partnerships, particularly HRSA, CMS, and CDC.
- 6.C. Maximize the potential of public-private partnerships.
- 6.D. Engage women in efforts to prevent infant mortality, improve women's health, and strengthen family health and well-being.

Quick wins for Trump-era SACIM?

- Prepare & submit PREEMIE Act report.
- Investigate and report on importance of ACA & Medicaid to health of women and babies.
- Build “on the record” case for strategies to address maternal health in “4th trimester” & interconception care for those at higher risk.
- Listen to women – invite consumer voices.
- Don’t forget babies – immunization, NICU, SIDS/SUID, and Medicaid enrollment, etc.

Advice for Trump-era SACIM

- Primarily make recommendations within HHS purview
- Look for windows of opportunity
- Use data and science, be investigative
- Continue to leverage ACA & Medicaid
- Focus on equity, SDOH, prevention